SECTION A – A-1 SCREEN

PBP 2008 Data Entry System - Section A-1

File

Organization Legal Name:

_____

Organization Marketing Name:

_____

Organization Web Site:

_____

Organization Type:

Local CCP

Plan Type:

HMO

Is this a network plan?
- ○ Yes
- ○ No

Enrollee Type:
- ○ Part A and Part B
- ○ Part B only

Service Area(s) (* = partial county):

Contract Number:

_____

Plan ID:

____

Segment ID:

____

Contract Period:

_____

Plan Name:

_____

Plan Geographic Name:

_____

Segment Name:

_____

Is this an Employer-Only plan?
- ○ Yes
- ○ No

SECTION A – A-2 SCREEN

PBP 2008 Data Entry System - (repaint)Section A-2

File

Indicate CY 2007 total estimated monthly Medicare membership for this plan:

_____

Does this Plan have a CMS-approved Continuation Area?
- ○ Yes
- ○ No

Does this Plan have the same cost sharing in the Continuation Area for the services included?
- ○ Yes
- ○ No, describe

Notes (Describe Continuation Area Cost Sharing Differences):

[Import Text]

Is this a Special Needs Plan?
- ○ Yes
- ○ No

Special Needs Plan Type:
- ○ Institutional
- ○ Dual-Eligible
- ○ Chronic or Disabling Condition

Percentage:
- ○ Exclusive
- ○ Disproportionate

Population:
- ○ All Duals
- ○ Full Duals

Chronic or Disabling Conditions:

Chronic obstructive pulmonary disease
Asthma
Cardiovascular Disease
Hypercholesteremia
Diabetes
Dementia
Heart Disease
Arthritis
Hypertension
End-stage renal disease
Coronary artery disease
Neurological condition
Psychiatric disorders
Chronic kidney disease
Post-kidney transplant
Chronic cardiomyopathy
Renal failure (pre-End Stage Renal Disease
Ischemic Stroke
Mental illness
HIV
Renal failure
Obesity
Other

SECTION A – A-3 SCREEN

PBP 2008 Data Entry System - (repaint)Section A-3

File

Online Provider Directory Web Address:

Section A Notes

Notes (Optional):

Customer Service Contact Phone Number for Current Medicare Beneficiaries (Optional):

Customer Service Contact TTY/TDD for Current Medicare Beneficiaries (Optional):

Customer Service Contact Phone Number for Prospective Medicare Beneficiaries (Optional):

Customer Service Contact TTY/TDD for Prospective Medicare Beneficiaries (Optional):

Customer Service Contact Phone Number for Current Part D Medicare Beneficiaries (Optional):

Customer Service Contact TTY/TDD for Current Part D Medicare Beneficiaries (Optional):

Customer Service Contact Phone Number for Prospective Part D Medicare Beneficiaries (Optional):

Customer Service Contact TTY/TDD for Prospective Part D Medicare Beneficiaries (Optional):

Import Text